AFFIDAVIT TO AMEND A MARRIAGE RECORD NO ERASURES, WHITEOUTS, PHOTOCOPIES,

	STATE FILE NUMBI		OR ALTERATIONS			LOCAL DECISTRATION NUMBER		
			CONFIDEN	ΤΙΔΙ	☐ DECLARED	LOCAL REGISTRATION NUMBER NON-CLERGY		
TV	<u> </u>		<u> </u>		<u> </u>	OF THE OFFICIAL RECORD		
PART I					T IN BLACK INK ONLY			
INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME OF PARTY A—FIRST				MIDDLE			
	1C. CURRENT LAST NAME AS LISTED ON MARRIAGE CERTIFICATE			1D.	1D. PARTY A'S BIRTH LAST NAME, IF DIFFERENT FROM BOX 1C			
	2. DATE OF MARRIAGE—MM/DD/CCYY			3. COUNTY IN WHICH THE LICENSE WAS ISSUED				
	4A. NAME OF PARTY B—FIRST			4B.	MIDDLE			
	4C. CURRENT LAST NAME AS LISTED ON MARRIAGE CERTIFICATE			4D.	PARTY B'S BIRTH LAST NAME, IF D	FFERENT FROM BOX 4C		
PART II	STATEMENT OF CORRECTIONS TO MARRIAGE RECORD							
	5. ITEM NUMBER TO BE CORRECTED	6. INCORRECT INFORMATI	ON THAT APPEARS ON OF	RIGINAL RECORD	7. CORRECTED INFORMATION AS	IT SHOULD APPEAR		
LIST ONE ITEM PER LINE								
				,				
	8.							
FOR CORRECTION								
AFFIDAVITS AND SIGNATURES	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.							
	9A. SIGNATURE OF FIRST PERSON			9B. TITLE/RELATIO	NSHIP TO PERSON IN PART I	9C. DATE SIGNED—MM/DD/CCYY		
TWO PERSONS	9D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE)							
MUST SIGN THIS FORM TO CORRECT	10A. SIGNATURE OF SECOND PERSON			10B. TITLE/RELATIONSHIP TO PERSON IN PART I 10C. DATE SIGNI		10C. DATE SIGNED—MM/DD/CCYY		
A MARRIAGE RECORD	10D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE)					,		
STATE/LOCAL REGISTRAR USE ONLY						12. DATE ACCEPTED FOR REGISTRATION		

APPLICATION TO AMEND A MARRIAGE RECORD

TYPE OR PRINT CLEARLY IN BLACK INK ONLY NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

	ere is a fee required for a certified copy.	gistered within one year of the date of the event, there is no processing fee, nowever					
	Enclosed is the fee of \$ for a certifi	ed copy of the newly amended record.					
affi		registered one year or more after the date of the event, there is a fee for filing the a fee for each additional certified copy. Please contact your County Recorder, County it our website at www.cdph.ca.gov .					
	Enclosed is the fee of \$ for filing th	e affidavit and one certified copy of the newly amended record.					
	Enclosed is the fee of \$ for each a	dditional certified copy of the newly amended record.					
• _	Printed Name of Applicant	Mailing Address of Applicant					
DI							
Pho	none ()	City State ZIP Code					
	READ INSTRUCTION	NS CAREFULLY BEFORE COMPLETING THE FORM					
1.	(VS 24C). This form becomes a part of the	red. Corrections are made by completing an Affidavit to Amend a Marriage Record original record—type or print clearly in black ink only. Your certified copy will opy of this form attached. Both documents must remain together for the certified copy					
2.	Check the type of record to be corrected: Public	, Confidential, Declared, or Non-Clergy.					
3.	Complete Part I, Items 1A-4D with the information as it appears on the original certificate.						
4.	Enter the certificate item number(s) to be corrected, either from the original or subsequent amendment, in Part II—Item 5 (Item number to be corrected). List one item per line.						
5.	Enter the incorrect information as it appears on the original certificate in the line(s) provided below Item 6 (Incorrect Information That Appears on Original Certificate). In Item 7, enter the corrected information as it should appear for each item listed in Item 6.						
6.	Enter the reason for the correction(s) in Item 8.						
7.	Read the affidavit statement. Two persons who are certifying to the statement of corrections must sign in Items 9A and 9A.						
8.	If changing the date or place of marriage, the person who performed the marriage must sign the affidavit as one of the supporting affiants. The VS 24C cannot be used to change the identity of either party to the marriage.						
9.	Do not write in Items 11 or 12. This space is res	erved for State or Local Registrar use only.					
10.	. When properly completed and signed by two par payable to the Office of Vital Records. The address	ties, return the form to either the State or Local Registrar, with a check or money orderess of the Office of Vital Records is:					
		California Department of Public Health Office of Vital Records, MS 5103 P.O. Box 997410 Sacramento, CA 95899-7410					
COL		orm and the fee, if applicable, must be sent directly to the County Clerk in the tified copies of Confidential Marriage records may ONLY be obtained from the					
		ecords, a certified copy of both the original certificate and the amendment form county where the license was issued, or from the State Registrar.					
For Official Use Only							